

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILED

	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/		
2	/	/	/	/		
3	2					
4	2					
5	0					
6	0		1			
7	0		1			
8	0		1			
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TOTAL IND.	/		/			
TOTAL DEP.	9	←	6	←		
TOTAL CLAIMS	10	████████	7	████████	████████	████████